



Office of Human Resources

## FACULTY PERSONNEL FILE SUBMISSION FORM

All forms must be typed except for signatures;  
otherwise, they will be returned.

No document will be accepted without the date,  
printed name, AND signature. Also, please ensure that  
all indicated submissions are attached.

**TO BE FILLED OUT BY PERSON SUBMITTING FILE(S)**  
**(Please Type)**

Date:  
First Name:  
Last Name:  
Department:  
Payroll/Contract  
Title:

Signature: \_\_\_\_\_

### SUBMISSION DESCRIPTION

#### **I. SCHOLARSHIP** (Please indicate how may.)

Creative Works  Grants  Publications

Description:

#### **II. COLLEGE SERVICE**

Campus-Wide Event  Committee  Student Advisement

Other

#### **III. LETTER OF SUPPORT**

Recommendation  Thank You Letter

From whom? Staff  Faculty  Student

Other

#### **IV. PEDAGOGICAL PARTICIPATION**

Conference  Presentation

Brief Description:

#### **V. COMMENTS/OTHER**

### HUMAN RESOURCES USE ONLY

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Missing Document(s)? Yes  No

If yes, explain: \_\_\_\_\_